

**PENNSYLVANIA STATE ORGANIZATION**

**Enrichment Grant Application**

**2024**

**Typed application is due no later than February 1, 2024, and may be submitted by email as document attachment or by the United States Postal Service to:**

**Susan Martin, Chairman**

**PA State Organization, Scholarship Committee**

***[All contact information, personal email or home address can be obtained through the DKG PA directory]***

Name (Dr., Mrs., Miss, Ms.):

Date of Birth:

Address (Street, City, State, Zip):

Telephone:

E-mail Address:

Chapter:

Date of Induction (Month/Day/Year):

**TEACHING EXPERIENCE RECORD**

## Begin with the most current

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| District, State | Position | Subject | Dates | Certificate Held |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**USE OF ENRICHMENT GRANT**

State your intended use of this grant:

When do you plan to use this award? (Date(s)):

The total cost will be $:

How much of this cost are you requesting? :

Are you a past Enrichment Grant recipient? Yes: No:

Grant Amount Received: Year(s):

If you were a past recipient, did you provide a summary of the use of your grant to be published in the Keystonian?

Yes: No:

If you were a past recipient, did you attend State Convention to receive your Enrichment Grant?

Yes: No:

If you were a past recipient, did you provide a curriculum vitae and photo to the PA State Organization Scholarship Committee for its Historical Records?

Yes: No:

If you were a past recipient, you received your Enrichment Grant for:

1. Classroom Enhancement Project: Year:
2. Road Scholar Educational Program Year:
3. Travel Educational Study Year:
4. Approved Individual Project/Study Year:
5. Research Project/Presentation Year:

**SOCIETY PARTICIPATION**

Number of years in Delta Kappa Gamma:

# CHAPTER LEVEL

Number of meetings your Chapter holds per year:

Number of meetings attended since Induction:

(Specify below the number you attended since Induction)

# STATE LEVEL

State Conventions:

Creative Art Retreats:

 Purposeful Seminar:

**INTERNATIONAL LEVEL**

International Conventions:

International Area Conferences:

**PRESIDENT’S LETTER OF RECOMMENDATION**

The President of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chapter recommends that this Applicant, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

be considered for a Pennsylvania State Organization Enrichment Grant.

Chapter President Signature: Date:

***Name can be typed and should be emailed from chapter president’s email. This will confirm signature.***

Chapter President’s Letter of Recommendation: (Must be included, typed, and signed. Reference the Chapter president’s Guidelines posted on the website.)

**I. DELTA KAPPA GAMMA INVOLVEMENT**

1. Most significant offices, committee assignments, and other services. (If you have been a member for more than ten years, record only the positions held in the last ten years. ***Begin with the most current***.) *Summarize your involvement prior to the last ten years in one bullet.*
2. Chapter Level (*Please use a bulleted list of offices, committees, and other services and the year(s) held*)
3. State Level (*Please use a bulleted list of offices, committees, and other services and the year(s) held*)
4. International Level (*Please use a bulleted list of offices, committees, and other services and the year(s) held*)

**II. PROFESSIONAL INVOLVEMENT**

1. Memberships and Offices held in Professional Organizations

*Please make a bulleted list of the organizations, involvement or office held and years. If you have been a member of DKG for more than ten years, record only the professional organizations and involvement in the last ten years.* ***Begin with the most current year****. Use the full name of an organization, not the acronym. Summarize your involvement prior to the last ten years in one bullet.*

1. Other job-related activities:

*Please use a bulleted list of the activities beginning with the most current and include years.*

1. Honors, Awards, Scholarships, and Publications.

*Please use bulleted list of the title and nature of the honor, award, scholarship, or publication and include dates.*

**III. COMMUNITY INVOLVEMENT**

1. Memberships and Offices Held in Community Organizations

*Please use bulleted list of the organizations, involvement or office held and years. If you have been a member of DKG for more than ten years, record only the professional organizations and involvement in the last ten years.* ***Begin with the most current year****. Use the full name of an organization, not the acronym. Summarize your involvement prior to the last ten years in one bullet.*

B. Community Awards, Honors, etc.: *Please use a bulleted list beginning with the most current and include dates*

**IV. LETTER OF INTENT**

Please attach a formal letter addressed to the Chair and Committee and include

* your planned use of the grant and which of the seven DKG purposes it addresses,
* your reasons and purpose for applying for an enrichment grant,
* your professional and personal goals for using and sharing your experience and learning with your DKG Sisters and others.

State whether you expect to receive aid from any other source or sabbatical pay during the year for which you are applying.

If I am a recipient of an enrichment grant, I agree to:

a. Remain an active member of the Delta Kappa Gamma Society International.

b. Acknowledge the DKG PA State Organization in any publications written while receiving the enrichment grant funds.

c. Provide a report to be published in the *Keystonian*

d. Attend the State Convention to receive my enrichment grant.

My signature certifies that all information in this application is accurate:

 Signature Date

***Name can be typed, and application should be emailed from applicant’s email address. This will confirm signature.***